

1.) CORPORATION NAME:

**AMICA LIFE INSURANCE COMPANY**

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID L HAUCK  
100 WEST FRANKLIN STREET  
RICHMOND, VA**

SCC ID NO: **F0300766**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**RI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE HUNDRED AMICA WAY

CITY/ST/ZIP: LINCOLN, RI 02865

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: ROBERT A DIMUCCIO TITLE: CHRMN/PRES/CEO ADDRESS: 6 INTERVALE DRIVE CITY/ST/ZIP/CO: CUMBERLAND, RI 02864</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT K. BENSON TITLE: SR VP/CIO ADDRESS: 29 MELROSE AVE CITY/ST/ZIP/CO: BARRINGTON, RI 02806</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SUZANNE CASEY TITLE: SR.ASST.VP&amp;SEC ADDRESS: 11 HOLLY LANE CITY/ST/ZIP/CO: HARWICH, MA 02671</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LOUIS MAZZA, JR. TITLE: SR.ASST.VP ADDRESS: 24 VEIL COURT CITY/ST/ZIP/CO: N. KINGSTOWN, RI 02852</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES MCDERMOTT, JR TITLE: SR.ASST.VP &amp; GM ADDRESS: 78 NEWELL DRIVE CITY/ST/ZIP/CO: CUMBERLAND, RI 02864</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES RUEGG TITLE: SR.ASST.VP ADDRESS: 16 PINE STREET CITY/ST/ZIP/CO: N. PROVIDENCE, RI 02911</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDMUND SHALLCROSS, III VICE PRESIDENT 125 CINDYANN DRIVE EAST GREENWICH, RI 02818	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT P SUGLIA SR VP/GC 115 DANA ROAD NORTH KINGSTOWN, RI 02852	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES LORING CFO & TREASURER 46 ROCKY WOODS RD. HOPKINTON, MA 01748	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY AIKEN DIRECTOR 1071 E. CIRCLE DRIVE WHITEFISH BAY, WI 53217	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBRA CANALES DIRECTOR 27870 CABOT DRIVE NOVI, MI 48377	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA CHADWICK DIRECTOR 31 HILLCREST PARK RD OLD GREENWICH, CT 06870	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD DEGRAAN DIRECTOR 56 RENDEZVOUS LANE BARNSTABLE, MA 02630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY HITTNER DIRECTOR 222 CHANNEL VIEW WARWICK, RI 02889	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL JEANS DIRECTOR 95 WESTFORD ROAD CONCORD, MA 01742	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD MACHTLEY DIRECTOR 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD PLOTKIN DIRECTOR 2 LEROY AVENUE NEWPORT, RI 02840	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: DONALD REAVES TITLE: DIRECTOR ADDRESS: 5005 MARBLE ARCH RD. CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHERYL SNEAD TITLE: DIRECTOR ADDRESS: 101 ST. JAMES COURT CITY/ST/ZIP/CO: N. PROVIDENCE, RI 02904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS TAYLOR TITLE: DIRECTOR ADDRESS: 5 BROOK ROAD CITY/ST/ZIP/CO: SWANSEA, MA 02777	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ROBERT A DIMUCCIO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT A DIMUCCIO, CHRMN/PRES/CEO PRINTED NAME AND CORPORATE TITLE	2/5/2015 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		